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ABSTRACT

This report surveys the various provisions made by the Swedish government to protect and insure the rights of its children. Topics discussed include: the legal status of children born in or out of wedlock; custody and guardianship, economic status of the child (children's allowances, social insurance, maternity benefits, inheritance); the child at school; medical provisions; day care services; foster care; and social care for the handicapped. The Swedish government provides nine years of free compulsory education for children until the age of sixteen. Eighty-five percent of child care activities are now run by the municipal authorities. The attitude of the Swedish government on the subject of child care is that success in the care and treatment of children depends not only on how child care is designed but also on how the total environment in which people live is shaped. (AJ)

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The Swedish Child

A survey of the legal, economic, educational, medical and social situation of children and young people in Sweden

by ASTRID WESTER

Swedish parents, like those in other countries, are accustomed to observe that this is the age of the child. In their own day things were different: young people were taught to obey their elders. And those starting a job received only a minimum wage; young people early in this century had to pay dearly for their training. Today an eighteen-year-old will often earn around 200 dollars a month, and his training will be paid for by the state or local authority.

Certainly, things have changed radically from what they were forty years ago. In Sweden, society has come to realize its obligations to its citizens from the moment they enter this world. In a country of only eight million inhabitants and with a current birth-rate of 1.7 children per family, children are precious objects on which the state has reason to expend a maximum of maternal care.

In comparison with children in many other countries, the Swedish child is very fortunate. Every Swedish child is required to attend school for at least nine years, and will then receive an occupational training; these benefits are provided for the most part free of charge, by the central and local government. The parents, however, are required during these years to provide food, clothing and social upbringing. If the parents cannot meet these obligations, then the welfare authorities may intervene to put matters right, acting for the most part in accordance with the Child Welfare Act introduced in the twenties, and consolidated and improved in the forties and fifties. In the sixties, we have continued to adjust the social provisions made to assist and support the growing generation. The 1949 Code of Parenthood and Guardianship has also improved the legal and financial status of the Swedish child.

The Swedish child's security in life depends ultimately on the attitude of its parents to their roles in life. Is the mother to stay at home with her children while they are young, or should she continue to take gainful employment? The professional role of the father is often such that he cannot relinquish it; his earnings are the larger, and more important to the family. The wife's job, if

1 SKr (Swedish krona)=$0.19 or £-.1/7.

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she has one, is often less paid; with the prevailing tax system, her income is also jointly taxed with that of the husband, so that it hardly pays, in the higher income brackets, to leave the home and go out to work. In an attempt to deal with this problem, "voluntary separate taxation" was introduced in 1966 as an alternative to joint taxation; in a few years separate taxation will probably become compulsory.

The whole situation of women in modern society is being heatedly discussed. The Swedish woman today demands a free choice between the roles of mother and working woman, or a double role that combines the two. However, adequate child-minding services must be available if she is to be able to handle a job outside the home. This is the sore point!

The state is concerned to get women to enter the labour market, and is constantly promising to build more day-nurseries or otherwise provide suitable supervision for the children, but it is difficult to catch up with the demand. The authorities are doing their best. One place in a day-nursery costs the state SKr 5,000, but then it depends largely on what the municipality can afford. A municipality whose income from local taxes is low finds itself in a difficult dilemma. Also, the local economic structure does not always permit women to find jobs. In such cases, the woman will of necessity stick to her role as mother and housewife — a role in life that should not be underestimated.

Being "just a housewife" means also that the child's upbringing is provided by the home until school age, and subsequently — from the age of seven — jointly by the home and the school. The teachers consider it important to maintain good contact with the home, and there has recently been formed a "Home and School Federation", consisting of parents' associations throughout the country. Problems are discussed on a democratic basis by parents, pupils, and the representatives of the educational system. The authoritarian type of upbringing is on its way out of Sweden, and is no longer in favour.

Swedish schools are becoming increasingly democratic, thanks partly to the Government's decision to implement a process of democratization throughout the educational system, p. tly to the students' own activities in the form of a national organization, the Swedish Union of Secondary-School Students (SECO). This meets at an annual "parliament", to discuss current problems in the schools.

Swedish children have in many respects a strong sense of freedom and independence; freedom of religion exists, and no religious instruction is forced on the children in school. The situation is thus very different from that prevailing, for instance, in Catholic countries. The Swedish state church is Lutheran, but an Act of 1951 insures full freedom of religion and stipulates the right to

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withdraw from the state church. Swedish children have the right to form their own religious views without pressure from the adult world; in fact they enjoy the general civil right to think and believe what they will. Swedish law guarantees every citizen the right of free speech, and the right of assembly and demonstration. Freedom of the press also exists, as does the right to form political organizations. (There is also, of course, legislation against disorderly behaviour, breaches of the peace, etc.)

Prime Minister *Olof Palme* recently outlined the Board of Education's attitude in a statement to the press: "I think that a condition for the development of a sense of responsibility and cooperativeness in pupils is that the schools — through their working forms and organization — function as a democratic society. The maturing of the individual into a free, independent and harmonious personality, calls, too, for a positive care of pupils, comprising prophylactic and curative measures and attention to their individuality."

The status of young people in Sweden was also discussed recently at a Nordic congress on child welfare in Stockholm, when Minister *Camilla Odhnoff*, the Government's specialist on family problems, stated as follows:

"Is it a youth problem we are facing, or a problem of our society? The social behaviour of an individual is not primarily dependent on individual factors. Our chances of succeeding in our care and treatment of children will depend not only on how we design our care for young people as such, but also on how we shape the total environment in which people live. It will depend on the basic values we apply in building our society. We must also broaden the framework of our tolerance as regards social deviations."

LEGAL STATUS OF THE CHILD

The legal status of the child is regulated in the 1949 Code of Parenthood and Guardianship. Several of the provisions which govern the rights of the child vary with the child's status at birth and this is specified in different terms, viz. child born in wedlock and child born out of wedlock. In several respects, the child born out of wedlock was previously in a less favourable position than a child born in wedlock, but this disparity has been gradually reduced. After 1949, the primary difference consisted of the child born out of wedlock not having hereditary rights to the father's estate but a new law will be in force from 1970 to ensure that all children born out of wedlock will have such rights. However, for practical reasons, the provisions concerning custody, guardianship and maintenance, are designed to cater to children born in and out of wedlock. The children of divorced parents assume an intermediate position; their legal position as regards custody, guardianship and the

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right to maintenance is similar to that applicable to children born out of wedlock.

The rules governing the determination of fatherhood are different for the two categories of children.

A *child born in wedlock* is a child whose mother is married at the time of its birth. The mother's husband is assumed automatically to be father to the child. If, however, the mother is divorced or a widow, the case becomes more complicated. A necessary condition for such status is then that the child have been born at such a time that it can have been conceived during the marriage. A child whose parents have married subsequent to its birth also receives legitimate status. Paternity, however, must first be established in accordance with the same rules as apply to children born out of wedlock. A child cannot be deprived of legitimate status other than by the decision of a court of law.

Children born out of wedlock have not previously enjoyed entirely the same status as legitimate children. A particular category of such children are those *conceived during betrothal.* A betrothal is considered to exist if the partners have agreed in some way or other to enter marriage. Betrothals, however, are not registered. Previously difficulties tended to arise in such cases when the right to inherit was disputed, unless legal evidence of the betrothal was available. However, a new act regulating the right to inherit has recently been approved by Parliament. The paternity of a child born out of wedlock is established by a court decision, or by acknowledgement.

The simplest form of establishing paternity has until recently been an oral admission by the man that he is father to the child. Such an admission, which must be substantiated by the woman concerned, shall be made before a priest of the parish, or a public notary. In the latter case, a witness shall be present.

It has always, however, been more common for paternity to be admitted in writing, at the same time as agreement is reached on maintenance. The child's mother must also sign and attest the man's admission. The signatures of both parties must be witnessed by two persons. Finally, the "child welfare guardian" appointed must approve the admission, on behalf of the child. In the case of a child conceived during betrothal, the acknowledgement of fatherhood must be made in writing in the agreement drawn up between the parties.

If the acknowledgement of fatherhood is made in accordance with the above rules, it cannot be invalidated other than by a court decision.

It happens, of course, that the man cited by the mother as father refuses to recognize paternity, in which case she can resort to legal proceedings. If her income is low, she can obtain legal counsel at public cost. Proceedings can also be started by the child welfare guardian.

In connection with legal proceedings, a blood test is usually made; this is

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based on the hereditary nature of certain factors in the blood. The mother, father and child all provide blood samples to a special institution, the Government Laboratory for Forensic Chemistry in Stockholm, which makes a careful analysis and states whether the man's paternity is established with "a high degree of probability". The greatest value of the blood test is that it can also in some cases exclude the possibility of paternity. The fact that a man may be father to the child is no proof that he is. The court will also take into consideration various other circumstances. Resort can also be made to an "anthropological" analysis, in which paternity can be determined by the hereditary course of various factors.

Paternity is established for more than 90 per cent of all children born out of wedlock.

The *child welfare guardian* is an unfamiliar concept in this context in other countries. Such a guardian is appointed in Sweden for every child born out of wedlock. This guardian's job is to protect the interests of the child. The local Child Welfare Committee will also, on request, appoint welfare guardians for children of divorced parents.

To an unmarried mother with a child, the child welfare guardian can offer support and a certain degree of security, since she is obliged to see that the child receives the financial benefits to which it is entitled, and can start executive proceedings against a father who neglects to pay maintenance. The child welfare guardian, who is usually a woman, is appointed until the child reaches the age of eighteen. Her appointment can in some cases be extended, but to a maximum of 20 years.

The name of the child is governed by the Names Act of 1963.

Children born in wedlock acquire the family name of the father at birth.

Children born out of wedlock acquire the family name of the mother at birth. If, however, the parents subsequently marry, the child will automatically acquire the name of the father, if it is still under the age of eighteen. A new regulation to be incorporated in the Names Act in 1970 states that "a child born out of wedlock may, on notice to the local Parish Office, assume the family name of the father".

An adopted child acquires the name of the adoptive father, or of the adoptive mother if it has been adopted by a single woman.

A stepchild under the age of eighteen can acquire the family name of the stepfather, with the latter's approval. Such application, however, must be considered by a court of law.

A foster child under eighteen can adopt the family name of the foster father, if the foster parents so approve, or the name of the foster mother, if she is a single woman. These cases, too, must be handled by a court of law.

Every child shall be given a forename within six months of birth. If this is not done by christening within the Swedish Church, then the parents shall report the name of the child to the local Parish Office within the same period of time.

Custody and guardianship

Custody is a legal term which implies simply, in Sweden, the exercise of parental authority over a child. The person having custody of a child has the right and duty to provide and be responsible for the person of the child, and to represent him in personal matters. The custodian of the child need not, on the other hand, exercise immediate care of the child. Care, for instance, can be made the responsibility of foster parents.

The custodian of the child shall see that it gets a careful upbringing, and an education suitable to the circumstances of the parents and the aptitude of the child. This is clearly stated in the Code of Parenthood and Guardianship, which makes no distinction here between children born in and out of wedlock. All children enjoy this right. Nor is there any age-limit for this obligation on the part of parents. It can be asserted even after the child has reached the age of twenty. Numerous legal proceedings between fathers and students over twenty have given the young people the right to allowances for further studies. Such processes, however, will be increasingly rare, with the new arrangements providing for study loans regardless of the parents' financial status. Previously, students with wealthy parents were refused study loans on the grounds that their parents should be able to pay. This, the parents were not always willing to do — for a variety of reasons.

The use of corporal punishment was previously stipulated as the parents' right in the Code of Parenthood and Guardianship. This was abolished in 1966. Instead, parents can now be charged with assault in accordance with the Penal Code, even if the injury has been very minor.

Children born in wedlock are under the custodianship of both parents until they reach the age of twenty, or marry. If one of the parents dies, the other assumes sole custody of the child. If both parents die, a guardian is appointed by a court of law to take over custody.

In the case of a divorce, the court decides which of the parents shall have custody of each child. If the court decides that neither parent is suitable, then a guardian is appointed. The court can also give one parent sole custody of the child when the parents are living apart, owing to the breaking up of their marriage, or to disease or other obstacles. An example is the abuse of alcohol by one party.

The parent not given custody of the child has the right to see the child,

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whether the latter is born in or out of wedlock. If the parents cannot agree as to how this right shall be exercised, the court can make the necessary provisions.

Children born out of wedlock are in the custody of the mother. It can sometimes happen, however, that custody of the child is given by a court to the father. If the mother dies, the court shall give the custody of the children to the father, or to a specially appointed guardian.

Guardianship implies in Sweden the right and duty to represent the child in financial matters. Guardianship is usually exercised jointly by both parents, and is valid until the child reaches the age of twenty. This holds also for adoptive parents. If one of the parents assumes sole custody of the child, then guardianship also is transferred. Parents under twenty, however, cannot be guardians, they can only have custody of the children.

In the case of children born out of wedlock, the mother is the guardian. If the child has assets and the mother is not of legal age, then a special guardian must be appointed by a court of law.

Adoption is a laborious legal procedure, whether the child adopted is Swedish or foreign. Adoption is decided by a court of law. The court has to find that adoption is suitable, with regard to the best interests of the child. To be able to decide on this matter, the court obtains a statement from the Child Welfare Committee in the local district of the adopting parent or parents. A statement is also obtained from the Child Welfare Committee in the district where a child welfare guardian has been appointed for the child. Naturally, the child's parents must also agree to adoption.

In the beginning, the child will come to its new parents as a foster child, since the process of adoption takes time. The home of the adoptive parents must first of all be approved as a foster home for the child in question, and considerable requirements are set as regards the adoptive parents' age, suitability, financial status, living conditions, etc. The local Child Welfare Committee protects the child's right to have as happy a childhood as possible.

Infants cannot be adopted until the mother has recovered from delivery — six weeks after birth at the earliest — but an unmarried mother need not ask the father for permission to have the child adopted, since she is sole custodian and guardian. He shall, however, be given an opportunity to comment on the intended adoption.

If the child has reached the age of twelve, the child's own consent to adoption is usually required.

ECONOMIC STATUS OF THE CHILD

By the terms of the Code of Parenthood and Guardianship, the parents are obliged to meet the costs of the child's keep and education. Both parents shall contribute to these costs — each according to their ability — and there is no set age-limit for this obligation. It remains until the child has received an education suitable to the parents' economic status and the aptitudes of the child. In all circumstances, the obligation to provide maintenance persists until the child's sixteenth birthday.

If only one of the parents, usually the mother, has custody of the child, then the other parent is required to discharge his or her obligation in this respect by a fixed maintenance grant. This grant is usually to be paid in advance for each calendar month.

Maintenance can be decided by agreement between the parties, and this is often the case in respect of children born out of wedlock. A written agreement, in which the signatures of the contracting parties have been witnessed by two persons, and which has been approved in writing by the child welfare guardian, is binding for both the child and the father. The only possibility of getting such an agreement altered against the wishes of the other party is by a court decision. The court can in such a case adjust the maintenance sum only if circumstances have essentially altered since the agreement was first made. If the person concerned fails to pay the maintenance agreed upon, executive proceedings can be started by the child welfare guardian. The latter can also request that the sum in question be stopped from the salary of the person concerned, or that his property be seized. Maintenance to a child is given priority in debt-recovery proceedings, even before tax.

Declines in the value of money are a threat to the child's economic security, but a special act was introduced in 1966 to regulate maintenance and raise it automatically in step with inflation.

The scale of maintenance varies enormously, and is decided by the parents' standard-of-living and ability to pay. No regulations exist as regards minimum maintenance. However, some 40 per cent of maintenance grants paid in 1967 to children born out of wedlock comprised SKr 100—150 a month, while 22 per cent of children received SKr 150—200.

However satisfactory the maintenance may look on paper, it happens that payment is not forthcoming in time. The father may be out of work, in dire financial straits, or simply neglect to pay. This is not at all uncommon in Sweden. The child can then receive compensation in the form of an advance maintenance grant. Such grants are governed by a special act from 1964, and handled by the Child Welfare Committee.

For a child to receive an advance maintenance grant, one parent only or

neither of them must have custody of the child. In the case of children born out of wedlock, it is not necessary for paternity to be established, but it is required that the mother assist in establishing paternity if possible.

An advance maintenance grant can be paid only to children under the age of sixteen, domiciled in Sweden. The child or its custodian shall be a Swedish citizen. Such grants, however, can also be paid if the child or its custodian are stateless persons or political refugees, provided that the custodian has been domiciled in Sweden for at least six months. By the terms of a Nordic convention, advance maintenance grants can also be paid to children who are citizens of other Nordic countries.

The main rule is that such a grant should comprise a given sum, at present SKr 150 per month, regardless of the actual size of maintenance; these grants are adjusted to the current value of money in accordance with certain rules. Different sums are paid, depending on whether the custodian is the only parent, whether neither parent has custody of the child, or whether one of the parents is dead and the child therefore draws a pension allowance.

The Child Welfare Committee pays the grant monthly. If maintenance has been established, the Committee demands this sum in reimbursement, in so far as it does not exceed the amount advanced. If maintenance is greater than this, the Committee will if necessary assist the person with custody of the child in pressing the claim on the father, by legal debt-recovery proceedings.

Inheritance

The manner in which children inherit from their parents and relatives is laid down in the Inheritance Code of 1958.

A child born *in wedlock* inherits from both its father and mother, and from certain relatives.

Children born *out of wedlock* have so far inherited only from their mother and her kin, but, as already mentioned, a new law in force from 1970 will permit all children, including those already born out of wedlock, to inherit also their fathers. It will probably give rise to many unexpected legacy disputes. As opposed to other children born out of wedlock, children conceived during betrothal have hitherto had the advantage of being heirs to the father but not to the next-of-kin to the father, although they were naturally heirs to the mother and the next-of-kin to the mother. In the new regulations on inheritance, the children of a betrothal are in no special position, since all children are ensured the right to inherit their fathers, when paternity has been confirmed. The existence of children must be noted in the personal documents of the father in order to protect their right to inherit.

If the father of a child born out of wedlock dies and the child is not entitled

to inherit, the laws of inheritance stipulate that a sum corresponding to the future maintenance that the father would have paid according to his agreement, or to a court decision, shall be taken from the estate of the deceased. However, the child cannot receive more than it would have, if born in wedlock.

Adopted children inherit their adoptive parents and their relatives, in the same way as children of their own. On the other hand, an adopted child does not inherit its biological parents, and their relatives.

Children's allowance

Every Swedish child receives a public children's allowance until its sixteenth birthday. To qualify, the child shall be domiciled in Sweden. Children who are not Swedish citizens but domiciled in the country also receive this grant on certain conditions, namely that they be brought up by someone domiciled in the country and registered here for census purposes, or that one of the parents has been resident in Sweden for at least six months.

This children's allowance is a measure of social policy intended to support families with children, and improve their standard of living. The relevant act was introduced in 1947, and the first children's allowances paid in 1948. These grants have gradually been raised, and amount at present (1969) to SKr 900 per child and year. In the past few years the children's allowances paid have amounted to about SKr 1,500 million per year. These allowances are paid quarterly in cash, from the first quarter after birth. The recipient is normally the mother. In the case of a foster child, the allowance is usually paid to the foster mother.

Social insurance of the child

The Swedish National Health Insurance Act makes allowance for the situation of the family bread-winner in the event that the family includes children under sixteen. An additional children's allowance is then paid with the bread-winner's sickness benefit on certain conditions, primarily that the child should belong to the same household as the bread-winner. In the case of divorced parents, the regulations concerning this children's allowance are more complicated. If a mother is entitled herself to a sickness benefit and her husband is also placed in a sickness benefit class, then she cannot obtain an additional children's allowance for a child over ten without special permission. In this case, the mother must have a larger income than the husband. It is impossible for both the father and the mother to qualify for the additional children's allowance — it is tied to one or other of the parents.

The children's allowance, when full sickness benefit is paid, amounts to

SKr 1 per day for one or two children, SKr 2 for three or four children, and SKr 3 for five or more children.

Children under sixteen enjoy, through the parents' compulsory insurance, all the benefits of health insurance in respect of hospital care, visits to doctors, and medicine.

Maternity benefit

Through the National Health Insurance, mothers receive also financial assistance in the form of the maternity benefit, which is a welcome help in buying new things for the baby, or in supporting the mother in her new situation in life. SKr 1,080 is paid following the birth of one child. If the mother should give birth to more than one child, she receives a further SKr 540 for each additional child. If she gives birth to triplets, she thus receives a total of SKr 2,160.

Expectant mothers can also obtain advances on their maternity benefit to a maximum of SKr 300; this advance can be obtained, at earliest, 120 days before the expected time of delivery, on presentation of a doctor's certificate.

Supplementary sickness benefits can also be paid to the mother in connection with childbirth, on the following terms:

(1) She must be domiciled in Sweden, and be placed in a sickness benefit class corresponding to an earned income of SKr 2,600 or more.

(2) She shall have been placed in this sickness benefit class for a period of at least 270 consecutive days previous to delivery, and her gainful employment shall not have terminated more than six months previous to the expected date of delivery.

(3) From July 1, 1969, an expectant mother has the right to take gainful employment for a maximum of 30 days during this period, without losing her right to additional sickness benefit afterwards. No such benefit, of course, is paid while she is at work. Additional sickness benefit is paid for a maximum of 180 days.

Children's pension allowance

If a child under sixteen loses one or both parents, he receives financial assistance from the state in the form of a children's pension allowance from the national basic pension fund. Adopted children enjoy in this respect the same rights as other children.

The size of the pension allowance is regulated by the base sum in the national basic pension, which is set by the Government each month at a "standard sum" in accordance with the development of the cost-of-living. If one parent has died, the children's pension allowance amounts to 25 per cent

of this base sum. If both parents have died, the surviving child receives 35 per cent of the base sum. The pension allowance is paid from the month in which the parents have died, up to the month in which the child reaches the age of sixteen.

A young person has the right to a children's pension allowance until the age of nineteen, but the above-mentioned allowance from the national basic pension is paid only until the age of sixteen. If the parents have paid in to the National Supplementary Pension scheme (ATP), then this benefits also the surviving child. The size of the allowance will then depend on whether there is also a surviving widow entitled to pension benefits. In this case, the children's pension allowance for one child is 15 per cent of the pension that the deceased himself would have drawn, for two children 25 per cent, and for three children 35 per cent of the ATP pension.

If there is no surviving widow entitled to pension benefits, the children draw a considerably higher allowance. For one child, the allowance amounts to 40 per cent of the deceased's estimated pension; for two children the figure is 50 per cent, and for three children 60 per cent.

Nursing grants

For children who "by reason of disease, mental retardation, physical disablement or other defect are in need of special supervision and care for a considerable time and on a considerable scale", there can be paid a special disability grant known as a nursing grant.

The nursing grant amounts to 60 per cent of the base sum for the national basic pension, and is paid until the child reaches the age of sixteen. In 1969, the nursing grant is approximately SKr 3,400 per year. Applications for such a nursing grant are made to the Social Insurance Office.

Annuity following occupational injury

If the family bread-winner dies as the result of an occupational injury or disease, sustained in the course of his gainful employment, then the widow and children are entitled to an annuity, the latter until the age of nineteen. In some cases, the child can draw an annuity until the age of twenty-one. The size of the annuity depends on what the deceased earned in his employment. With an income of SKr 15,000, the annuity for the widow and two children is SKr 10,000, namely two-thirds of the husband's income. However, the annuity paid to the child is in principle only one sixth of the earner's income.

THE CHILD AT SCHOOL

A Swedish child enjoys by law the right to schooling, and is obliged to attend school between the ages of seven and sixteen. Compulsory schooling means that every citizen has the right to a good basic nine-year education without cost to himself or his family.

The aim of such teaching in Sweden is to give all children at compulsory-school level "a basic education covering such skills and knowledge, habits, attitudes and values, as are of importance for their personal development and for their chances of influencing and living in our present and future society, and functioning there as citizens and in various occupations". (From the new official curriculum.)

The new *nine-year compulsory comprehensive school* was introduced by a decision of Parliament in 1962. Experimental activities with a school of this kind had by then been going on in a large number of municipalities for more than ten years. The new school has now been introduced throughout the country and has led to a general rise in standards of education.

Compulsory schooling was introduced in Sweden in 1842, and until the thirties it lasted for six years only. The older generations of parents, those now over forty, have for the most part had only a six-year or seven-year education.

The nine-year comprehensive is divided into three levels, the Lower, Middle and Upper departments. In the two first departments which cover a total of six years, teaching is practically identical for all pupils. They read the same subjects and courses, but every attempt is made to adapt the scope of instruction over and above the basic course to the pupil's individual aptitudes.

By the terms of the new curriculum which comes into force in 1970, the greater part of teaching matter will be common to all pupils also in the Upper department. No division is made according to aptitude, but there is free play for options according to interest; each student chooses one of the four optional subjects of languages (French or German), technology, economics, and art. Also each student spends two hours a week on freely chosen work according to individual interest.

In the Upper department, students are also given a thorough orientation on future studies and careers. In their last year of the compulsory school, each student has two weeks of "practical vocational orientation", which involves working as a trainee at a selected place of work.

The statistics show how school education has expanded among the generation born during and after World War II. In 1946, 8 per cent of any given annual cohort went on to the *gymnasium*, while the figure in 1962 was 23

per cent. In 1970 about 32 per cent of all pupils at the compulsory school are expected to continue at the gymnasium.

The increase in the number of girls attending gymnasium is very striking, and during the sixties numbers have been more or less equal as between the sexes. Comparing the statistics for 1910 and 1943, we find that the number of male students doubled during this period, while the number of female students multiplied by ten.

The number of graduates working in academic occupations has also risen sharply. In 1955 the number was 56,700; by 1960, the number had risen to 67,000 — an increase by 18 per cent. By the seventies, the number of persons active in the academic occupations is expected to reach almost 100,000.

The "explosion in education" is the term used by our Cabinet Minister *Alva Myrdal,* Sweden's well-known UN delegate, for the post-war development that has created a new generation of more world-conscious citizens. Compared with their parents, many of them are a great deal more well-informed and this can sometimes give rise to a marked generation gap.

Since the nine-year compulsory comprehensive was introduced in Sweden, the interest in continued voluntary education has expanded enormously. About 75 per cent of the young people leaving the nine-year comprehensive at the age of sixteen — each annual cohort comprises some 100,000 students — immediately continue their studies at gymnasium level. In a few years, Government estimates suggest that 98 per cent of compulsory-school students will continue their education, according to aptitude. There are three gymnasium-level forms of school to choose between: the *gymnasium,* lasting for three years (four years on the technology line), the *continuation school* which is for two years and the *vocational school.* These three types of school are to be fused in 1971 into a gymnasium-level comprehensive.

The *gymnasium,* like the compulsory comprehensive, is based on options. In the first year 70 per cent of teaching matter is common to all pupils. Specialization then gradually increases. On leaving the gymnasium — usually at the age of nineteen — students receive a certificate of competency.

The *continuation school* has three lines: a social sciences line, an economics line and a technology line. It can serve as a basis for further education, or in the case of the economics and technology lines lead directly to employment.

Vocational education will incorporate, after 1971, a greater volume of general subjects.

A tendency in Swedish education at present is to increase cooperation between all the parties concerned — governing bodies, teaching staff, students, other staff, and the homes. Students are represented on the joint committees created at every gymnasium-level school, and their representatives take part

in the teacher's class and subject conferences in committees, including students and their parents together with representatives of the school. Similar joint committees exist also in the compulsory school. It is believed that increased participation and cooperation will help to improve the school environment.

What does a student at school cost the Government and local authority?

In the fiscal year 1969/70 the cost of education for one compulsory-school student amounts to SKr 5,000, of which SKr 3,000 is paid by the state and SKr 2,000 by the municipal authority. For further education at gymnasium level the cost increases by a couple of thousand SKr. For the same fiscal year, the average cost per student is SKr 7,589. The share of G.N.P. claimed by education in 1969/70 amounts to 5.7 per cent, as compared with 4.2 per cent in 1965/66.

The costs of the state for education in the sector covered by the National Board of Education in 1970/71 are estimated at SKr 5,000 million. Expenditure by the municipalities is expected to reach 35 per cent of the total effort, while the state answers for 65 per cent. The total costs borne by the municipal authorities in 1970/71 amount to SKr 2,700 million.

Social benefits during the time at school

Free education

All education at central and local government schools in Sweden is free. The same applies to teaching at universities and the equivalent, and other post-gymnasium studies. No student's fees are charged.

Free text-books

Text-books and other teaching materials are free in the compulsory comprehensive, the costs being met by the municipality. In the gymnasium, continuation school and vocational school, however, only half the total number of students have access to free teaching materials.

Free meals

In all state-supported schools, one school meal a day is provided free of charge if the local authority so decides. This benefit is available to compulsory-school students in practically all areas. Since 1966, no state grant has been available for this service.

About one million school-lunches a day are served in Sweden. The price of the individual portion varies from district to district. The total cost is about SKr 400 million per year.

A school-lunch should consist of one hot dish, a glass of milk, bread and butter; it should be well composed from the nutritional point of view, and not be harmful to the teeth. It is very important for the children's health that school-lunches should be nourishing and promote good dietary habits. A brochure on the composition of suitable meals has been worked out to assist the local authorities.

Free lunches at school have a number of subsidiary social effects. They make it easier for mothers to take gainful employment, and also save work in the home. The family's household money also lasts longer, since food is at present the largest individual item on the household budget.

Free travel to school

Compulsory-school students living in country districts enjoy free travel to and from school, the costs being met by the municipality. Services are usually provided by a bus, which picks the children up near their homes. In the towns, school-children use the public transport services, for which they pay a reduced charge.

Boarding in hostels

To cater to compulsory-school students in sparsely populated districts, there exist some 20 hostels in Sweden, most of them in Norrland. Board and lodging are free. The majority of counties also have hostels for gymnasium students. For full board and lodging at these the students pay a charge that does not usually cover the real cost, the difference being paid by the municipal or county authority.

In the case of the Lapps, a minority group in the far north of Sweden, special legislation has been introduced. The state has set up special schools with hostels, where Lapp students can stay while they are studying.

Special schools for the mentally retarded comprise nursery schools, special comprehensive schools, training schools, and vocational schools. Pupils who cannot live in their own homes live free of charge at the hostels set up in conjunction with major special schools, or in smaller homes of family type (for 4—7 pupils).

The County Councils are the authority responsible for these special schools, and for the education and care of mentally retarded children. These pupils also receive free travel to school, and to and from their own homes at week-ends, if they do not live at home while attending school. Nursing grants can also be paid in some cases for retarded children under sixteen, who are looked after at home.

Special teaching for children who experience difficulties with their schooling

is another type of social provision, and one that occupies a very important place in the compulsory school. The difficulties concerned can be of different kinds; slow learning, temporary difficulties in adjustment, particular personality traits, impared hearing or sight, difficulties in writing or reading, weak health, immaturity, orthopaedic handicaps, speech and voice disorders, or delayed linguistic development.

Pupils who receive special instruction belong to the regular classes, but are helped for a few hours each week by a specially trained teacher.

School health

Like other school activities, school health is the responsibility of the municipal authority. Every school has a school doctor and nurse, with suitable premises and equipment. In small districts, the district nurse functions also as school nurse; in the larger municipalities school nurses are employed on a full-time or part-time basis.

The object of school health services is to trace and prevent diseases and handicaps among the pupils. In a wider context, such services are a continuation of the preventive care provided by the community at maternity and child welfare centres.

School health services are also an important aspect of pupil welfare and help the teachers to become familiar with the student's physical and mental status, so that they can make due allowance for this in their teaching. Students spend a large part of the day at school, which means that the school must accept a certain responsibility in addition to that borne by the parents.

School health services are run along two main lines, namely by regular class check-ups (four times during the total period of schooling), and by medical examinations in the doctor's and nurse's reception room. Those students who are thought to be in need of more frequent check-ups are registered as "controlled students".

School health services are mainly preventive, and do not involve medical care proper. They are of great importance for pupils who have difficulty in following instruction or in adjusting to the life of the school.

The school nurse is present when the doctor holds his surgery. In addition to this, she is required to do a great deal on her own initiative. She visits homes in order to acquire a picture of the students' environment, and to discuss health and upbringing with the parents. While on duty at school, she takes care of children suffering from accidents or taken suddenly ill, and she notifies parents of the measures to be taken. She also maintains contact with social and medical institutions outside the school, such as hospitals and Child Welfare Committees.

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If a teacher considers that a pupil requires medical examination, or that his case should be discussed, he should first consult the school nurse, who will see that the pupil is examined if necessary at the school doctor's surgery.

The school doctor and nurse present an annual report on health at the school.

Free dental care

Free dental care for children between the ages of six and sixteen is an important social benefit. Such services are provided by towns and County Councils within the framework of the National Dental Service. In 1966, 833,600 children received complete dental care while 43,300 were given partial treatment. About 30 per cent of all Swedish dental surgeons are at present employed by the National Dental Service.

Financial assistance with studies

State study allowances are paid to those attending institutions of education run, supported or supervised by the state. When the general children's allowance stops at the age of sixteen and the young person concerned continues to study at a vocational school, continuation school or gymnasium, or undergoes special training to become, for instance, a merchant officer, dental technician, fireman, etc, study allowances are made in the form of grants to the students, who are divided into two categories: A — younger students, and B — older students.

Category A, younger students, receive between the ages of sixteen and nineteen, without application, a study grant of SKr 75 per month while they are actually studying; they can also, on application, obtain a travel allowance or boarding allowance, if they study outside their home district. The travel allowance amounts to between SKr 40 and 100 per month, and the boarding allowance to SKr 100 per month.

Further allowances subject to a means test or a needs test can also be obtained.

Study loans can be granted to a maximum of SKr 4,000 per academic year.

In the case of category B, students who have reached the age of twenty, study assistance takes the form of a *raised study grant* of SKr 175 per month; no application is necessary but certain personal details must be provided on a special form.

Study loans can be granted to a maximum of SKr 6,500, provided that studies cover a period of at least ten months. If the academic year is only nine months long the students can receive at most SKr 6,000. Such loans are granted after a credit assessment of the student's own finances, and — in the

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case of married students — the financial status of the husband or wife. The financial status of the parents is no longer taken into account.

In the case of study loans for categories A and B alike, a higher sum can be granted for full-time students with maintenance responsibilities towards children.

Study grants and re-payable study allowances are available for those studying at universities and the equivalent, teachers' training colleges, nursing schools and other institutions. Loans can be repaid on favourable terms and over a long period.

Those pursuing part-time studies can obtain only a reduced study loan.

A Swedish citizen desiring to study in Denmark, Finland, Iceland or Norway can obtain study assistance on the same terms as students in Sweden, provided that studies are pursued full-time for at least four months.

A person who is not a Swedish citizen is not entitled to study assistance, if he is in the country solely in order to study. Information concerning his domicile in Sweden should be provided on a special form.

MEDICAL PROVISIONS

Two hundred years ago, only four out of five infants in Sweden lived to see their first birthday. Swedish population statistics are the oldest in the world, dating back to 1749. These statistics showed the high rate of infant mortality, and an interest developed from an early stage in improved health services to children. By 1900, only one in twelve children died during their first year. At present, Sweden has one of the lowest infant mortality rates in the world.

To provide advice and support for mothers, there was started in Stockholm — after the French pattern — an institution known as "Milk Drop", which was the nucleus of the present child welfare system. The "Milk Drop"'s advice centres in the larger towns provided information on the care and feeding of infants to expectant and recent mothers, above all to the indigent. Free milk compounds could be obtained from these centres. The Great War, with its strict rationing, had created serious undernourishment, and the activities of the "Milk Drops" were important to create a healthier and stronger new generation.

In 1937, the Swedish Parliament adopted a central plan for preventive maternity and child care, the responsibility for activities being assigned to the County Councils. The "Milk Drop" was incorporated in this new organization. It was not long before the child welfare organization spread as a dense network throughout Sweden. From having previously concentrated on the children's general health with a view to discovering nutritional diseases and infections,

and checking nutritional disorders, medical provisions were now extended to cover sight and hearing, and activities in the field of mental hygiene, with the emphasis on mental development and upbringing. Extended cooperation has also been established with various institutions handling preventive maternity care, obstetrics, mental care for children and young people, and care of handicapped children.

Child welfare centres

The prophylactic activities of the child welfare centres are of enormous importance. In the five-year period 1963—1967, the number of children under supervision was, to begin with, 465,758. By 1967, the number had risen to 637,149. Activities are gradually being expanded to cover higher age-groups. Child health services are run by the County Councils or in the major cities by the City Hospital Committee. A specially appointed child health officer or doctor-in-charge at a children's clinic is responsible for the medical and administrative organization. Child health services are free of charge. They are provided by a number of different local bodies.

Two types of child welfare centre exist in the cities and major urban areas, in conjunction with children's hospitals and under a physician specializing in children's diseases.

Child welfare stations, under the supervision of the county or municipal medical officer, exist in county districts. They are staffed by one or more district nurses. Another type of advice bureau is the branch centre, which is on a smaller scale than the above.

Free medical check-ups

These advice bureaux offer free medical check-ups to children from birth up to school age, at the same time as mothers are advised on care and upbringing. Nurses also visit the homes of families in need of advice and help in these questions.

Activities also include free inoculation against e.g. smallpox, diphtheria, tetanus and whooping-cough. Polio vaccinations are also given.

The advice bureaux in Stockholm and Gothenburg employ child psychologists, who can be consulted when children suffer from adjustment problems and nervous complaints. This important branch of activities is now being expanded.

It is important that health check-ups be on a continuous basis, so that development disorders can be discovered in time. In recent years, the idea has therefore been broached of making a spot check-up of all four-year-olds, which is a suitable age from the medical point of view. The present proposal

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from the Board of Health and Welfare provides for a general voluntary health check-up of all four-year-olds, which will then be regularly continued within the child health organization.

A general health check-up on four-year-olds

The health control exercised over babies in Sweden can now be regarded as total, and observation covers also one-year-olds. However, the percentage of children covered declines with increasing age.

Sweden's low infant mortality rate is reflected also in the statistics on subsequent age-groups. However, the mortality figures do not give a complete picture of the health situation. Looking at the figures on disease, we find many quite serious diseases occurring among Swedish children at a rate that is no lower than in other countries and in some cases — e.g. allergies — considerably higher.

The basic concern in child health today is to prevent, and treat in time, diseases and injuries that can lead to disablement.

The prophylactic activities of the child welfare centres have meant a great deal for the health of Swedish children, and have prevented many handicaps. In figures, health control was exercised in 1966 over 99.7 per cent of newborn infants, 96.2 per cent of one-year-olds, 59 per cent of four-year-olds, and 55.6 per cent of two- to seven-year-olds (separate statistics not available).

The fact that no medical control is exercised over half of all two- to seven-year-olds does not imply that they are never examined by a doctor. Children at day-nurseries and play schools with their own doctors, or cared for at institutions, undergo regular check-ups, while those cared for at home are examined by private doctors in cases of sickness, when the parents are anxious about the child's health.

Modern society has in recent years shown an increasing interest in the weaker children, and those who are "different" or handicapped. "Thalidomide children" are an example of the genetic risks to which people are exposed today, when disorders can arise even at the foetal stage as the result of an apparently innocent medicine. Now, society takes it as an important task to protect and promote the development also of the disadvantaged. It is necessary, however, to discover any handicaps in time, so that suitable treatment or care can be arranged before it is too late.

The organization of a public, voluntary health check-up of all four-year-olds in Sweden, with the help of the child welfare organization, has been approved by Parliament as a possible way of tracing, before school age, the children who may be in need of special care, so that the disruption to their development can be repaired and the child rehabilitated.

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The object of this public health check-up is to obtain a picture of the diseases and handicaps occurring at preschool age, and to offer the parents a chance of obtaining assistance and a cure for the child, if deviations are found.

The child's first health check-up can take place either when a nurse from the child welfare centre visits the home, or by a visit to a doctor at a special surgery.

The check-up covers sight, hearing, and a general medical examination. The child's teeth should be examined primarily by a dental surgeon from the National Dental Service. For a number of reasons, however, it is considered desirable that such examinations should also be performed at the child welfare centre.

The general examination covers a run-through of physical status, which comprises the measurement of height and weight, an external examination, the examination of internal organs, examination of the oral cavity and throat, and a neurological assessment. Having summed up results, the doctor can if necessary refer the child to a specialist, e.g. an ear specialist or ophthalmologist. Supplementary vaccinations can also be offered in conjunction with the check-up.

It is reckoned, after randon samples from the child welfare centres in Stockholm and Lund, that deviations from the norm are found in 10 per cent of all the children.

Preventive maternity care

The Swedish infant mortality rate is at present just under 13 per mille. Ever since the 18th century, Swedish obstetricians have endeavoured to raise the standards of medical control over mothers-to-be, at the same time as the demands made of midwives have steadily risen. Deliveries in the home are no longer common. Almost 100 per cent of deliveries now take place in the maternity departments of the general and cottage hospitals. Since 1963, the municipal authorities have no longer been required to make district midwives available for deliveries in the home. The skill of midwives is now utilized also in preventive maternity care.

Preventive maternity and child care is regarded as very important, and responsibility in this field has been assigned to the County Councils. Since 1944, the state has supported such activities, which include a free health check-up of all mothers-to-be and new mothers, and of children below school age. It covers also preventive birth control, diagnosis of pregnancy, gymnastics for mothers-to-be, and the treatment of disorders caused by pregnancy or delivery but not necessitating hospital care. Protective medicines for both

mothers and children are provided free of charge, as are also certain other drugs for women.

The maternity and child care centres — sometimes housed in the same building — function under physicians, assisted by midwives and nurses. In the smaller districts there are two other types of reception centre, namely what are called "maternity care stations" and "maternity branch centres", often on the same premises as the services for preventive child care. Midwives and nurses can also visit the home.

The care of mothers and infants in 1966 cost SKr 31 million, and about 90 per cent of mothers-to-be visited a maternity care centre for a health check-up. In 1945, no more than 58 per cent of mothers visited such centres, but then activities were still new and had not been fully built out.

Family advice

Advice in connection with conflict situations arising in marriages and family life, and information on living together, was considered an important service when the state in 1960 required the County Councils to establish advice bureaux in their areas, according to the need. Family counselling is handled by doctors, namely by a gynaecologist and a psychiatrist, and social welfare officers. Such bureaux can be either independent or attached to a general hospital department, a psychiatric department for children and young people, or an advice bureau on abortion. State grants are also paid for such activities. In 1968, 19 family advice bureaux received grants from the state.

The non-institutionalized psychiatric care of children and young people

In our complicated modern society, with its enormous mental and physical demands on the individual, the children too are caught up early on in the grinding wheels of the "social machine". Life makes great demands on the child of our days — demands that the child is not always capable of meeting.

In one way or another, some children then become neurotic. There are many different ways in which a child can express a mental disorder. The psychiatric reception centres for children and young people offer a whole sample-list of psychosomatic disorders and suspected signs of psychosis — from bed-wetting and colic to aggressiveness and depressions.

In Sweden, psychiatric activities among children and young people are mainly in the form of non-institutionalized or "open" care. Institutionalized or "closed" care is on a smaller scale. Activities are also of fairly recent date. Advice bureaux on upbringing were started in the thirties, and later provided a model for the proposals of the 1939 Youth Welfare Committee regarding

the creation of state-supported centres for psychiatric care. By means of medical, psychotherapeutic and social measures, these psychiatric reception centres for children now try both to treat the child's current mental disorders, and intervene as early as possible against mental and nervous diseases, so that the child will have a better chance of becoming a happy, useful individual. The centres also establish contact with young people on the way to becoming asocial.

The important factor, on the other hand, can also be the child's conflict situation in a divorce, when it comes to custody and visiting rights. In other words, the child psychiatrist has a variegated range of behaviour to deal with. Unfortunately, there are as yet not very many child psychiatrists in Sweden, certainly not enough to meet the need.

Different types of mental therapy

To become familiar with the child's case history, the doctor first talks to the parents, to get their views on the child's difficulties. Their account can guide the doctor in assessing the child's obstinacy, anxiety or other peculiarity; at the same time, he obtains a picture of how the parents treat the child. Many worries can be traced to the adults' lack of knowledge of normal variations in children's behaviour, and their excessive demands for a rapid, painless development towards maturity. Here the psychiatrist can help the parents to understand the core of the problem, and give them an objective picture of the individual character of the child, so that the atmosphere in the home becomes more relaxed during future treatment.

Medical treatment is sometimes necessary to reduce tension, in the case of nervous children, or depressives. The main object, however, is to establish the basic conflict in the child's life by means of conversations with all parties in the case — the child, the parents, the school, and the social authorities. Secondly, auxiliary measures are necessary to alter the child's current situation. In the case of children with school difficulties, for instance, the pedagogic measures available include assignment to a special school, a class for slow learners, a reading class, a reading clinic, or observation class, separate instruction, etc. It is necessary also to plan for the child's play, and free-time activities.

All this cannot be done at once. The worried and negative attitude of the parents must be carefully corrected with the assistance of the doctor, psychologist and social worker, leading in time to a suitable programme of treatment for the sick child.

Temporary mental insufficiencies in normal children are relatively simple to deal with. More difficult is to help those suffering from environmental

disturbances, children who have been subject to prolonged emotional strains, arising for instance from a divorce between the parents, the abuse of alcohol or mental disease on the part of one of the parents, social malconditions resulting from the housing shortage, a criminal environment, etc.

There is a risk here of the child sustaining both physical and mental injury. Insecurity, a lack of tenderness and consistency in upbringing, and fear of punishment are factors that have a detrimental effect on the child's development. When such a child comes to the psychiatrist's reception, the latter must also decide what social measures should be taken to save the child from his insupportable situation in life. It may be necessary, for instance, to notify the temperance committee in respect of the father, or for the housing office to do everything in its power to improve the family's living conditions; one of the parents may be in need of psychiatric care, and perhaps a foster home must be obtained.

An emotionally cold attitude towards the child on the part of parents can also have a devastating effect on the child's mental health. However, such an attitude can be extremely difficult for the psychiatrist to deal with.

Child psychiatry can use several different types of method in parallel, often with the further support of medicines.

Play therapy

In the case of prolonged neuroses or insufficiencies, it is possible with children to use the special method of play therapy. In their sand-pits, the children arrange "worlds" of toys, which they choose from a standard selection of playthings. The way in which the child arranges these objects often reflects his or her own problems in reality. The child lives out his emotions in play, and the psychiatrist is thus in a better position to interpret the child's life situation. Individual play therapy of this kind is given for a long period, during which the parents too undergo discussion therapy with the doctor.

Group therapy

Another method is group therapy with 4—5 children displaying neurotic or insufficiency symptoms; under the guidance of the therapeutist they act in relation to each other, demonstrate their different ways of reacting, and make suggestions as to how they are to solve certain conflicts. Such a method is suitable also for certain children suffering from brain injuries. In the case of young teen-agers with contact difficulties, occupational groups can be arranged.

Behavioural and learning therapy

A third method is behavioural or learning therapy; this deals directly with

the symptom causing the trouble, which is considered to have arisen as the result of incorrect learning or unfavourable "conditioning". With this method, an attempt is made to replace bad habits by new, better habits, and produce more positive reactions.

The methods of treatment for teen-agers are much the same as for children, but a further factor is here involved — namely the difficulty experienced by teen-agers in adjusting to adult society. This requires a particular method, discussion therapy, which demands numerous penetrating discussions, to get the young person concerned to understand his psychological situation.

As is well-known, a child's neurosis is not always due to internal causes. Many doctors consider that instruction in parental psychology is now necessary in the schools. Future parents need knowledge of this kind before they are capable of bringing up their own children to become harmonic individuals. At a Nordic Congress on Child Welfare, held in June 1969, the following opinion was stated:

"The time is surely ripe to introduce the subject of 'Parenthood' in the schools, where it is not only a question of the teen-agers themselves as future parents, but also of an understanding among young people for the generation of parents to which the social life of our culture is still integrated. Instead of trying, in a sort of powerless desperation, to break up or abolish the family, information between the generations must be intensified in a vertical direction, and communications utilized in a relaxed manner to break the back of the questions of prestige involved. Mutual psychological understanding is the solution, not the dissolution of the family."

Psychiatric institutions

The mental care of children and young people in Sweden is of quite recent date. It was motivated by increases in juvenile crime during the thirties. A Youth Welfare Committee was appointed in 1939, its task being to promote a general improvement in the care of young people. In the early thirties, advice bureaux on matters of upbringing had been set up, and it was along this pattern that the Committee proposed state-supported centres for the mental care of children and young people. These centres were assigned to the children's departments of hospitals, and they were to be run by specially trained doctors. The County Councils were the authority responsible for such activities, outside the big cities. Not until 1945, however, was an Ordinance on State-Supported Psychiatric Care for Children and Young People published by the King in Council; in its essentials, this Ordinance is still valid. The shortage of trained physicians and psychologists hindered progress, and only after 1957 was a

renewed interest stirred in the arrangement of psychiatric services, by two parliamentary reports.

It was found that the best psychiatric treatment for the young had in the past years been in the nature of hospital care, and that new, well-equipped hospital departments under competent medical staff were therefore required, to provide satisfactory treatment for the young patients.

These departments are preferably built separately from other departments in the hospital area, and have access to their own play facilities. The number of places is limited to 6—8 per section, with a total usually of no more than 32 places in the entire department. Each section has ample premises, its own kitchen, dining-room, play-room, and school-room, plus a hobby room for various activities, in so far as workshops and leisure facilities are not available outside the section.

In conjunction with the children's department there is usually arranged a day observation department for long-term observation and special treatment. This resembles above all a play-school or afternoon home for schoolchildren. Such a department makes it possible for the child to sleep at home, which is an advantage to all parties concerned.

Hospital departments, however, are an expensive form of care intended for acute states requiring special medical resources. When the child has overcome the worst crisis, he is transferred to a treatment home, which can be of two different types.

Type I caters to children and young people who need further observation and qualified care and treatment for a certain period, at most one year, before they can return to their own home, or other private home. At treatment homes, young patients suffering from neurotic disorders, or symptoms of brain injury indicating a period of stabilization, can be given environmental therapy and psychological treatment. Private instruction is also available for schoolchildren who require training for their subsequent schooling. Occupational therapy and training can also be provided.

As yet, an insufficient number of homes of this kind is available; it is intended, however, to have at least two such homes for every child psychiatry department at a hospital. Each home should cater to a maximum of about ten children, and should be assigned to a free-standing house with a large site, where the children can play. Its furnishings should resemble those of an ordinary home.

Type II is a treatment home, corresponding to the present institutions for nervous and psychopathic children; such homes will receive normally gifted younger children or less gifted children with pronounced personality disorders,

who require a fairly long period of care. They will not, on the other hand, cater to children who are actually asocial.

This type of treatment home should be in the vicinity of a hospital department, but outside the built-up areas, in a place where there is access to open-air activities in the woods and open countryside. The number of places per home is 7—8, and the environment is as like that of an ordinary home as possible. Such homes are to be created for various ages, and separately for both sexes. So far these homes exist only on paper, since priority has been given to so many other measures in the field of child psychiatry.

The assignment of children and young people to mental hospitals for adults has been found to have grave disadvantages. Five special hospitals have therefore been planned exclusively for the psychiatric care of children and young people; as yet, only three of these are in operation — in Stockholm, Uppsala and Lund.

These institutions are intended for children and young people between the ages of ten and twenty, who are suffering from mental diseases of a psychotic character and who cannot be looked after satisfactorily at the hospital departments for children and young people. They are to provide for various forms of treatment and rehabilitation, with facilities also for school education, vocational education, and training.

For chronically sick children and young people there is available also another type of care, the special hospital; this is a home-like institution catering to psychotic children and also to young people no longer in need of hospital care. The period of care is sometimes relatively long, and continuous contacts should be maintained with the patient's home; it is therefore important that young patients should be assigned to hospitals not very far from their homes. The special hospital must also be situated in the vicinity of a hospital with a child psychiatry department.

Homes of this type, too, should be small and have access to the countryside.

Teamwork by different specialists

Activities at these psychiatric institutions for children and young people are based on teamwork between different groups of staff, including physicians, psychologists (specialists in diagnosis and psychotherapy), special social workers, nurses, occupational and resettlement therapists, teachers, and male and female supervisory staff. The training of these different categories has long been a problem, since it is necessary not only to increase the actual number of such experts, but also to find staff with the right type of personality to deal with the psychiatric care of children and young people.

DAILY CARE OF THE CHILD

The daily care of the child is in the forefront of current social discussion in Sweden, since the number of gainfully employed mothers has been rising steadily ever since World War II. Particularly the youngest generation of mothers tends to remain at work, as long as supervision can be arranged for the children during working hours. Domestic helps are in extremely short supply nowadays. Working mothers have to worry continuously about who is to look after the home and children while they are away.

The alternative to a domestic help or nurse is nowadays the child centre, supported by the state and comprising a necessary complement to the social planning of industrial areas. The term child centre is used here to cover day-nurseries, nursery schools and free-time centres for the youngest children; such facilities are a voluntary effort on the part of local authorities, but recommended by the state.

Well-organized child-minding services are considered by the state also to offer an opportunity of attracting increasing numbers of women on to the labour market. In the past ten years, the Minister of Family Affairs has promised an expansion of such activities throughout the country, but concentrating, to begin with, on the big cities, urban areas and developing industrial districts. Stockholm has at present 30 per cent of all places in day-nurseries, 25 per cent of places in nursery schools, and 50 per cent of free-time centres. The following figures can thus be multiplied to give an idea of the total supply of places in Sweden.

Stockholm had, in 1968

200 day-nurseries	for 9,000 preschool children
250 nursery schools	for 10,500 four- to seven-year-olds
125 free-time centres	for 3,100 schoolchildren

Altogether 26,000 children receive supervision in Stockholm, since a number of approved family day-nurseries also mind the children of working or studying mothers.

Sweden has altogether about 600 day-nurseries, 1,000 nursery schools and 250 free-time centres. In 1968, activities covered 20,700 places in day-nurseries; by the end of 1971, the number of places is expected to have increased to approximately 42,000.

The nursery schools in 1968 had places for 65,000 children, but the Government has recently appointed a special commission to consider preschool activities designed in the long run to cover all children in the period immediately preceding entrance to the nine-year comprehensive.

The number of places at free-time centres was 4,500 in 1968, but is expected to rise to 7,600 by the end of 1971.

Costs and grants

To stimulate the municipal authorities to vigorous efforts in this field, the Government has steadily increased its grants. The state thus pays SKr 5,000 per place when the municipalities arrange day-nurseries and free-time centres, plus further support in the form of loans. An operating grant is then paid of SKr 1,600 per place and year, which corresponds to 20—25 per cent of the total cost. The operating grant for a free-time centre is smaller, namely SKr 600 per place and year or 18 per cent of the total cost.

The parents pay to the local authority a certain charge, which varies greatly from district to district. In day-nurseries and free-time centres, the charge is adjusted to the family's income and number of children under sixteen, but amounts at most to SKr 20 per day and is considerably lower than this for low-income families.

At the nursery schools, the parents pay a monthly fee, usually SKr 20—40. In certain municipalities the nursery schools are free. In the case of free-time centres, the charge is between SKr 10 and 30 per month.

All-round development is the aim

The aim of all child-minding services is — in cooperation with the homes — to assist the children to all-round harmonic development, emotionally, intellectually and socially. These facilities are concerned to create rewarding contacts between the children, but a great deal depends on the age of the child. It is well-known that small infants have little interest in contacts with other children. One aspect of modern pedagogics, is to try to abolish thinking in terms of sexual roles right from the nursery school level, so that small boys can also play with girls, and small girls build Meccano houses and play trains. In Swedish nursery schools, the sexes are thus mixed, so that boys and girls will later be able to attend the compulsory co-educational school without conflict.

Alva Myrdal's description of the aims of modern Swedish upbringing suggests at the same time how these can best be achieved: "We must bring up our children and young people to have ideas of their own, their own knowledge, their own view of things — we must prepare them for a world that is steadily shrinking, the world that is coming, a world that will not be like ours and of which we know nothing. They will have to think more independently than we have dared to think, and act more decently than we have acted in relation to our fellow beings the world over."

Child-minding today a social service for families

Targets are continually being reviewed, and the plans for the further develop-

ment of day-nurseries and free-time centres now being presented aim to make it possible, by 1975, for all working parents who so wish to place their children in day-nurseries or (in the case of schoolchildren) free-time homes.

The structure of Swedish child centres

A day-nursery takes children from the age of six months to six years, and divides them into groups of the same age. The younger the children, the fewer there are to a group. As a general standard, we can say that a given day-nursery will have 10 places for children of 6—24 months, 8 places for two-year-olds, 12 places for three- to four-year-olds, and 15 places for five- to six-year-olds. This makes a total of 45 places. The size of such nurseries, however, varies according to the premises available, and local requirements.

A *day-nursery* caters to the children's needs throughout the day in respect of meals, rest, and regular play. However, it is desired that the parents should not have the child stay there longer each day than is necessary. Day-nurseries are kept open for between five and twelve hours a day. Only the day-nurseries at hospitals keep open as late as 10 p.m., in view of the parents' working hours.

The *nursery schools* can receive children who have reached preschool age, five to six years. Mature four-year-olds and in exceptional cases three-year-olds can also be accepted in these schools, which are usually open for three hours a day — either in the morning or in the afternoon — for five days a week. There should not be more than twenty children in the older group, and at most fifteen three- to four-year-olds. The object of these schools is to help the parents promote the children's contacts with those of the same age and accustom them to environments outside the home so that they can begin to manage on their own before their actual schooling starts.

The method adopted is constructive play with different working materials, and the handling of different kinds of tools. The children can make things, paint, model, build houses, or play in a miniature kitchen. The variegated material of the nursery school stimulates the child's sense of colour and shape, and trains its motor capacity. Dance-games are used to give the children better control over their movements. Part of each day is devoted to story-telling, which makes a much appreciated break.

Work in all child centres is led by preschool teachers, who have had two years' training at a state training college. Day-nurseries need two preschool teachers per department, plus a principal. When staff are in short supply, children's nurses are employed in place of preschool teachers. It is estimated that one staff member is needed for every group of five children, in the case of infants (one to two years of age) one staff member to every group of four.

The nursery schools too have a preschool teacher to lead each three-hour group in the morning or afternoon.

Family day-nurseries are a supplement to collective child-minding, and meet in particular the needs of certain sensitive children. Such nurseries are a solution for working parents with children who are susceptible to infections, nervous or mentally sensitive, provided they can be arranged in the vicinity of the home. Since 1969, state grants have been paid for services of this kind in private families with a "day mother" who can also have children of her own.

A family day-nursery must be approved by the local Child Welfare Committee, if the "day mother" is to receive payment from the local authority. The state pays 35 per cent of the total cost. There are also families which make private arrangements for their children with neighbours, for such payment as they may agree upon.

The municipal authorities are trying to improve the quality of family day-nurseries. An important factor is that "day mothers" should receive a certain amount of training on courses, and be continuously supplied with current information. In 1969, it is estimated that municipal family day-nurseries answer for 20,000 places.

Free-time centres are designed for children between the ages of seven and eleven, and in exceptional cases also for older children. They look after children when school is over and on holidays, until the parents come home from work. Such centres are open for ten hours a day during the working week, Monday—Friday. Facilities are available for the children to pursue their hobbies and do their homework in peace and quiet. A hot meal is served in the afternoon. Some children also attend these centres before school starts in the morning, and they are then given breakfast. The number of places in each centre is limited to 15 children per group.

The municipality runs the child centres

Child centre activities are now run to 85 per cent by the municipal authorities, the remaining 15 per cent being run by associations, industry and the County Councils. State support to day-nurseries, free-time centres and nursery schools was first provided in 1943, since when the number of places has grown considerably. The rate of expansion, however, has varied between the different types of centres. Nursery schools have been expanded at a rate of about 2,000 places per year. In 1950 there were places in such schools for 19,000 children, and by 1968 the figure was about 65,000. This means that about half of all six-year-olds can attend a nursery school for at least one year before entering the compulsory school. However, the availability of places differs widely from district to district.

State support to the nursery schools was abolished in the fiscal year 1966/67. Instead, a Government commission was appointed in 1968 to study child centre activities before and around school age (in Sweden seven years), since it is planned to start preschool activities that will in the long run cater to all children.

Leisure activities

Sweden has a five-day week. As a result, the child centres and nursery schools which look after the children during the five working days try to follow as far as possible the pattern of outside working life. Schoolchildren enjoy the same leisure hours as adults, since the five-day week is now being introduced also in school.

In recent years, the need for meaningful free-time activities for children and young people has been realized also by the social authorities. It is necessary to channel the vitality of young people, and see that they make the most of their leisure time. The community feels an obligation to cater to their needs for entertainment, and to provide outlets for their exuberance, in the hope of preventing the emerging antisocial and criminal behaviour that threatens to arise among young people with a depressive temperament and disharmonic family life.

The term used by the social welfare authorities for a positive programme of leisure activities for young people in the area is "preventive youth care". The municipality is required to provide recreation centres and other activities for children and young people; the ultimate responsibility rests with the local Child Welfare Committee. Every effort is made to cooperate with various local associations, and in some municipalities there is a *youth council*, which functions as a coordinating body between local associations and the Child Welfare Committee.

A common measure is to set up a *youth centre*, which is open five to six evenings a week for young people between the ages of twelve and twenty (although not usually in the summer). Such a centre, if it serves an area with a population of 10,000, will usually include a café, often a hall for sports, gymnastics and dancing, a larger assembly hall for special programmes, films or theatre, plus a number of hobby-rooms, a club-room or a study-room, if such premises are avaliable. The state provides a certain grant for the provision of recreational premises of this type. It also supports leisure activities by grants for youth-leader courses, free-time groups, study circles, and the central administration of the youth organizations. Grants for youth activities can be obtained also from the municipal authorities.

Various interests among young people can also be channelled into associa-

tions which have a variety of resources available. Such associations tend to emphasize the aspect of personality development, at the same time as they cater to different special interests, from politics and religion to sports and dancing.

Preventive youth care presupposes also the analysis and planning of the environment of children and young people, so that it satisfies their need for both security and stimulation. Such an approach underlines the need for playgrounds. People also demand nowadays a public environment that meets the requirements of different age-groups in respect of, for instance, road safety and the supervision of playgrounds. The local council has to bear these considerations in mind when planning local development.

The Swedish child during the summer

The Swedish summer is not so long-lasting as it is in southern climes. The spring and summer last for a maximum of five months in central Sweden — from May to September — and even less further north. The other months of the year are dark, and the trees are bare; after Christmas, on the other hand, we have our Scandinavian winter with snow and ice, and the children and young people can indulge in such healthy activities as skiing and skating. The summer must thus be used to build up strength for the long dark months ahead, and two terms of hard work in school. Unfortunately, it is not possible for all children to get away to the country. When both the parents are at work, they have only their annual vacation — at present, by law, four weeks for all those working in industry.

However, the children — if their parents so wish — can also go to a holiday home or a children's summer camp. Holiday homes are run to 90 per cent by the municipal authorities, which can obtain state grants for this purpose provided the children are under fifteen and can stay there for at least three weeks. The local Child Welfare Committee establishes contact with families in country districts, who are willing to look after one or two children for at least three weeks. Such homes must be approved by the local Child Welfare Committee, if a state grant is to be paid. The costs of board and lodging are met partly by the local authority, depending on the family's income. The children of single parents are given priority.

Children's summer camps were arranged even in the nineteenth century by voluntary organizations, the object being to offer town children a summer holiday in the country. A change of environment is now considered desirable also for country children, who can stay in such camps in another district to be able to bathe and make new friends.

In 1967, there were about 450 summer camps in Sweden, with a total

capacity of 18,000 places. State grants are paid also for these camps, both for the children's travel and for running expenses. In the past few years the state has contributed about SKr 1,5 million per year.

Children stay at these camps for between three and eight weeks, the number of children at a camp being somewhere between 25 and 40. Two groups of children can alternate at a camp during the short summer vacation, which lasts from the middle of June to the end of August. Children's summer camps are inspected by the Child Welfare Committee, the County Council, and the National Board of Health and Welfare.

Homemaking and child-minding services

To cater to emergencies, the community has arranged two types of services for families with children, namely *homemakers* or "deputy housewives" and *childminders*.

The motivation for providing domestic services of this kind can be *sickness* (childbirth, hospitalization, or sickness in bed at home), *prevention*, i.e. to spare the mother's strength (in cases of weak physique, a handicap on the part of the mother or child, holidays, unsupported mothers, or very young parents), or *social indications* (sub-standard housing, guidance for the housewife, cases of alcoholism in the family, or promotion of the general welfare of the family).

A homemaker is to be capable of handling the running duties of a housewife, with the emphasis on care of the children. Her working hours are adjusted to the need; whole-day services are offered mainly to families with several children, but half-day help is common when the children are of school age or the mother is convalescing in the home.

Homemakers are employed by the municipal authority, which also answers for their salaries. Families using such services pay a certain charge, calculated according to income and number of family members.

A childminder is mainly to supervise the family's children, and look after them, give them food and keep them occupied; housework is not included in her duties. Childminders are also paid by the municipal authority, and the parents pay a charge that in many areas is identical with that for day-nurseries.

CARE OF THE CHILD A MATTER FOR THE MUNICIPAL AUTHORITY

Social provisions for children and young people are in the hands of the municipal authority, which not only bears the practical responsibility for this activity but also meets the costs. Within each municipal area — in the

town or in the country — there is elected a Child Welfare Committee, whose obligations and functions are regulated by the Child Welfare Act and other legislation. The present Child Welfare Act came into force January 1, 1961.

The Child Welfare Committee shall have at least five members, and can in fact have considerably more. (One member of the Committee should possess legal experience.) As required, the Committee can also call upon a wide range of experts, as doctors, teachers and psychologists.

The primary function of the Committee is to enforce the Child Welfare Act, which assigns to the Committee a number of duties, including that of "general preventive child welfare". An important task is to study how children in the district actually live, and observe any unfavourable conditions that can lead to ill health. Preventive welfare implies among other things the provision of good recreational facilities for children and young people, support to youth clubs and societies, and general advice and information to the public on the Committee's activities.

The municipality decides how preventive child welfare can be designed in practice. This will naturally depend on the structure of the community, the underlying population, and the number of children in the area. The emphasis is on child-minding services and child centres, i.e. day-nurseries, free-time centres and nursery schools; family day-nurseries, summer camps and holiday homes are also organized. In 1966, the scale of preventive measures by Swedish Child Welfare Committees was 20,657 items on their agenda. Altogether 51,625 children and young people were affected by the provisions made by these Committees.

According to the 1966 statistics, these Committees were responsible for the care and upbringing of no less than 29,797 foster children. The duties of the Committees include supervision of foster homes in the district, and the care provided in them. The Committees are also responsible for the enforcement of other enactments and regulations to ensure a secure childhood for the new generation; these include the Advance Maintenance Act, which provides for children who do not receive their maintenance in time. For all children born out of wedlock, and for certain children born in wedlock, the Committee appoints a Child Welfare Guardian who will supervise the case. The Committee also handles general children's allowances, and a number of duties laid down by the Code of Parenthood and Guardianship.

Many of the matters handled are extremely delicate, e.g. the care of young people committing various criminal offences, and intervention in the private life of a family to prevent a child from growing up in an unsuitable environment. The Committee is required to intervene in the individual case under certain specific conditions; either conditions in the child's environment must

be unfavourable, or else the child's own behaviour must be such as to warrant action. The Child Welfare Act cites the following cases:

a) if any person under the age of eighteen is mistreated in the home, or otherwise treated in such a way as to endanger his physical or mental health, or if his development is jeopardized by reason of the parents' or other guardian's unsuitability or inability to provide an upbringing; and

b) if any person under twenty, by reason of criminal offences, immoral living, neglect to earn a living to the best of his ability, the abuse of alcohol or drugs, or other comparable reason is in need of special corrective measures by the community.

In the case of a person committing criminal offences as per b), measures in accordance with this Act shall not be taken after the person concerned reaches the age of eighteen, unless his manner of life in general provides sufficient cause.

As regards juvenile offences, persons committing crimes before the age of fifteen cannot be sentenced in Swedish law. The case is then handled by the Child Welfare Committee. In the case of offences committed by persons under eighteen, the public prosecutor can omit to press a charge. Usually, these young offenders are then instead given the necessary care or other help through the child welfare authorities. In any case, the prosecutor must obtain a statement from the Committee before deciding whether or not to make charges.

When young people between fifteen and seventeen are brought to court, the court has the possibility of assigning them to care in accordance with the Child Welfare Act. The same applies, in certain circumstances, also to young people of eighteen to nineteen.

Initial action by the Child Welfare Committee should take the form of advice and support to the child and its family. The Committee can, for instance, advise parents to consult a child psychiatry centre, or a medical doctor or hospital department. In some cases a suitable measure can be to have the child change its environment for a while. A teen-ager can be helped by a change of job. Some parents can need advice on upbringing, or simply an opportunity to discuss their personal problems. The Child Welfare Committee is in a position to pay the costs of any such measures that are taken.

By the terms of the Child Welfare Act, the Committee can also direct a formal "exhortation" to the parents, and a warning to the young person concerned. Directions concerning the offender's way of life can also be communicated to both parties, primarily to the offender himself. These directions can relate to district of domicile, or employment. Another preventive measure

can be the appointment of a probation officer or supervisor; again it is the Committee who must find a suitable person for this delicate task.

The function of the supervisor is to follow the development of the young person concerned over a long period, and to be available if the latter needs his support and assistance. Mutual confidence is necessary, so that joint agreement can be reached on suitable measures. The supervisor serves as liaison with the Child Welfare Committee, to which he reports at least twice a year how his client is developing. The Committee reconsiders once a year the necessity of having a supervisor.

If these preventive measures fail to achieve their purpose, the Child Welfare Committee can, in certain circumstances, which are laid down in the Child Welfare Act, assume direct charge of the person concerned.

When the Child Welfare Committee assumes custody of a child, it takes over the entire responsibility for the child's further development. The Child Welfare Act stipulates that the child in question shall be given good care and receive an upbringing and education suitable to his particular aptitudes.

The primary object is for the Committee to select a suitable form of care. The first question is whether a private home or an institution is best. This matter has been the subject of heated discussion, and experience in Sweden suggests that family care is preferable to institutional care, on the grounds that it gives the child an opportunity for warm and lasting emotional contacts with an adult, just as in the normal child-parent relationship. Often, however, it is necessary to place the problematical child in a children's home for a short while, partly to get to know the child's personality, partly to have time to find as suitable a foster home as possible.

In the case of young people displaying serious disturbances in their adjustment, placing in a private home can be very difficult. Those with severe behavioural disturbances are usually placed instead at an approved school. Care at an institution is the best solution for the physically and mentally sick, or the retarded, if they need medical treatment or therapy.

If custody of a child is assumed by the community then the Child Welfare Committee answers for the costs of care. However, the Committee has the right to exact certain reimbursement from the parents, when such care is given to a child under sixteen.

Custody of a child can be assumed also for other reasons, namely if the parents have died or abandoned the child, or if the child needs particular nursing that the parents cannot or do not wish to provide, and which it would otherwise fail to receive.

Appeal against the decisions of a Child Welfare Committee can be made to the County Administration. Further appeal can be made to the King in

Council. The central supervising authority for child care is the National Board of Health and Welfare, which is mainly a consultative body.

WHAT CAN SOCIETY OFFER THE CHILDREN IN ITS CARE

When for any reason a child can no longer live with his parents, it is the duty of society to provide for it. This obligation is stipulated in the Child Welfare Act. There are various ways in which the child can be placed so that he will receive the individual care which is the primary requirement in all child welfare. The Child Welfare Act specifically states that care in a family is preferable to care in an institution. Every attempt is therefore made to provide a *foster home* with a private family, for those children who have become the community's direct responsibility. Foster homes, which by the terms of the Child Welfare Act can assume responsibility only for those under sixteen, must first be approved by the local Child Welfare Committee.

An Inspector for Foster Children is responsible for supervising such homes, and the children placed there. She — or he — functions as the mediating link between the authorities and the various parties concerned; these inspectors also help see that the children receive a suitable education and vocational training.

If the situation at the foster home should prove unsatisfactory, the inspector reports to the Child Welfare Committee, which reconsiders its decision and, if necessary, sees that the child is transferred.

It happens that the biological parents or an unmarried mother try to get back a child being looked after in a foster home. The issue is then decided by the Child Welfare Committee. The concept of "foster child" is defined in the Child Welfare Act in a special way, which gives the Child Welfare Committee the authority to decide whether the child shall continue to be regarded as a foster child and be looked after in his foster home. In the case of children looked after in foster homes until they reach the age of sixteen, the Committee can decide whether or not the arrangement should continue for a given period after the child's sixteenth birthday (maximum three years).

If no private home is available to look after the child, then resort can be made to the community's own institutions, namely children's homes and approved schools.

The County Councils are responsible for children's homes, which are of four different kinds, namely *infant homes, homes for mothers, reception homes,* and *special homes.*

Previously, children's homes of various kinds were run by foundations,

associations and private individuals. Not until 1945 was the responsibility for care in children's homes assigned to the County Councils. Each County Council is now required to set up a plan for its particular area, indicating the required number of homes.

Children's homes are for physically and mentally healthy children up to the age of eighteen, who are in need of temporary care.

Infant homes receive babies unaccompanied by their mothers. A place at such a home is offered only if domestic help cannot be provided for the mother and child. Children who are to be adopted are also placed in an infant home, immediately after birth. The time spent there is usually short. 60 per cent of infants are looked after in such homes, for three months or less. In 1968, there were 38 infant homes in Sweden, with a total of 961 places. The need for such homes has fallen off considerably in recent years.

Another form of child care is provided at *homes for mothers,* where the mother can stay together with the baby. In earlier days, such homes had an important social function to fulfil above all for unmarried mothers who could learn baby care and to some extent domestic work under skilled guidance. Nowadays, these homes offer young working women help with child-minding. The reason for providing a place at the home (for a maximum of six months) is often the difficulty experienced in obtaining suitable accommodation. In 1968, there were 16 homes for mothers with a total of 201 places. There were also three combined mothers' and infants' homes, with 118 places.

Reception homes are for children who need temporary care and upbringing, or observation. In principle, young people of up to eighteen can be received by these homes. It has been found, however, that a certain degree of differentiation by age and sex is suitable. Again, the time spent at such homes is usually short, and about 20 per cent stay for three months or less. At the end of 1967, there were 118 reception homes in Sweden with a total of 2,152 places.

Special homes are for children who require long-term care and upbringing, and cannot suitably be placed in a private home. Their ages range from one to eighteen. For the most part, they are schoolchildren who for some reason or other cannot stay in their parents' home and who suffer from behavioural disturbances. Almost 40 per cent of these children suffer from behavioural disorders. The period of care is therefore longer than at a reception home. Half of the young people looked after stay for more than three months at the special home, which usually has a maximum of 15 places. In 1968, there were 35 special homes in Sweden, with a total of 414 places.

Charges at children's homes have previously been regulated by the state,

but since 1965 it is the County Council which sets the rate. The usual price is SKr 12 per child per day.

Approved schools

In the case of children and young people suffering from serious behavioural disturbances, the approved school is the most frequent form of care. These schools are differentiated into school homes for those of compulsory school age, and vocational schools for young people over sixteen. They are not co-educational. Some of the schools have special facilities for young alcoholics and narcotics addicts.

School homes provide the same instruction as a compulsory nine-year comprehensive. The vocational schools offer vocational orientation and training in a number of occupations; the pupils receive training in, for instance, mechanical workshops, joineries, catering schools or tailoring schools, in sewing, domestic science, weaving, and office-work.

The care of the individual pupil should be planned in the light of his or her personal aptitudes, and is the subject of continuous revision at staff meetings.

The time spent at the school will naturally depend on individual requirements. The usual period is six months, after which care is assigned to, for instance, a boarding home or private household. Such care outside the school is usually for a period of a further year.

At the beginning of 1969, there were altogether 23 approved schools in Sweden, of which 8 for girls and 15 for boys. They comprised 6 school homes and 17 vocational schools, altogether about 1,000 places. Usually, such a school has 40—50 places with 8—10 pupils in each department. For care outside the school, 850 pupils had been placed in private homes, in boarding homes, boarding schools and with employers.

All approved schools are run by the state. The Board of Health and Welfare is the central supervisory and inspecting authority, and decides also on remission to these schools. Each school has a psychiatrically trained doctor, and several have full-time psychologists, or access to consulting psychologists.

SOCIAL CARE OF THE HANDICAPPED CHILDREN

New Welfare Act for the mentally retarded

A century ago, (social) humanitarian activities were started to help mentally retarded children. The main concern was to help those who were "educable", while the more severe cases tended to be neglected. Private persons and founda-

tions opened various kinds of nursing homes for these unfortunate children. Provisions for blind children were made by the state, which is still responsible for the education and training of the blind and deaf throughout the country.

Since 1966, the County Councils have assumed responsibility for the running of the various institutions created to care for retarded children.

In the past two decades, various private actions taken to improve the situation of the handicapped have put pressure on the social authorities. The parents' associations, which are concerned to obtain better social opportunities for their retarded children, formed in 1956 a national federation (FUB), which has at present some 10,000 members.

The first legislation stipulating the community's obligations to assist these children was introduced in 1944. The County Councils have since that time been required to provide schooling at special schools for mentally retarded children who can benefit from teaching. Other handicapped children were to be provided for by the state. However, the County Councils proved more efficient in developing their services for the handicapped, and subsequently took over the administration of almost all such institutions and special schools.

A new Act Concerning Provisions for Certain Mentally Retarded Persons came into force on 1 July, 1968, and this contains the guidelines for services to various categories of handicapped.

"Mental retardation" is no diagnosis. It is a blanket term covering a variety of inherited or acquired conditions, the common feature being impaired intellectual development.

Brain injury is very difficult to diagnose, but it is estimated that around half of mental retardates are suffering from some form of brain injury, which can have been caused by hereditary factors or chromosome mutations, or which can have arisen at the foetal stage, during delivery, or perhaps during the early years of life. The impairment of intellectual functions is often coupled with various types of physical defects. Mental retardation can also be constitutional, i.e. inherited through the child's family. Sometimes, it is impossible to diagnose any cause of retardation. Apart from the medical diagnosis, both psychological and pedagogic diagnoses are required in order to obtain an overall picture of the child and its opportunities for development.

The various social institutions available for care and assistance to retarded children include *special schools, residential homes for children,* and *day-nurseries.* The trend, however, is to offer parents increasing assistance in "open" and "semi-open" care, to prevent assignment to an institution, since the latter is experienced by both the children and their parents as an unfortunate solution to the problem.

There are at present 30 special boarding-schools for the mentally retarded

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in Sweden, and about 80 *special day schools*. Together they handle 5,500 children, over half of whom live in their homes and attend as day pupils. Some 800 special school students are over sixteen, and undergo specially arranged vocational instruction or training. From the age of seven, a retarded child is obliged like any other child to attend schools, provided he can avail himself of teaching. If necessary, such a child can receive schooling until the age of twenty-one.

Practically every County Council has a *special boarding school* for the mentally retarded, either a new school or one that has been renovated in the last ten years or so. However, the number of places at such boarding schools has remained more or less static, while the number at the day schools has more than doubled. Attempts are being made to integrate teaching at the day schools more and more with teaching at the regular nine-year comprehensives. To widen the area served by the school a start has been made in creating *hostels* for mentally retarded children in districts with special day schools. Such a home will lie in a residential district, and a maximum of six children will live with a family in their own house. The children travel home at week-ends to their own families, and return to the school on Monday morning. The teaching at special schools for the mentally retarded is divided into theoretical and practical classes. The latter are to be replaced by what are called *training schools*, in which the more severely retarded will be taught. Such schools are to be available in every residential home.

The Act prescribes vocational education for retardates, but little progress has yet been made. Pupils leaving the special schools at the age of sixteen to seventeen can have an average mental age of only eight to nine years; for such pupils vocational training would have been a great help.

The preschools for retarded children have not yet been utilized to the extent that would have been desirable, mainly because the parents quite naturally want to keep their children at home for as long as possible. The general health check-up that is being introduced for all four-year-olds is intended also to trace cases of mental retardation before school age.

Residential homes for retarded children generally cater to children of up to sixteen; some, however, have put the limit at twelve. There exist altogether 55 such residential homes, for 2,200 children. The size of these institutions varies, the smallest taking 8—12 children, and the largest 140 children. Special departments for babies have also been set up. Practically all the residential homes built in recent years have been placed near a town with a major general hospital, so that they have access to pediatric and — usually — child psychiatry departments. Several County Councils have in the last

few years built 15 new residential homes for children, apart from a further 9 new or converted departments at the larger institutions.

A senior pediatrician is responsible for care of the children, but specialists of various kinds are also engaged as consultants in the work of the residential home; such specialists include nursery school teachers, and there are over 60 positions for such teachers at these homes. It has been found that many of even the most severely retarded children are capable of responding to teaching. Many homes employ occupational therapists to work with the older children.

The approval of the person having official custody of the child is required for the remittance of a retarded person under twenty-one years of age to a residential home or special hospital.

Sweden has at present 45 *day-nurseries* for mentally retarded children, and it is desired to expand such services. A County Council in Norrland has estimated that two thirds of the children could benefit from care in a day-nursery, if the travel involved did not exceed 20 km. By the terms of the new Act, day-nurseries will function as training schools.

The new Act also states that a retarded child is entitled to *nursing in the home* with the help of a *state nursing grant,* if care at an institution is unsuitable. This grant amounts to approximately SKr 3,400 per year, and is paid, for instance, to all parents of retarded children who are looked after in the home. Some 5,000 children at present receive a grant of this kind, of whom 1,000 suffering from other forms of handicap.

The discrepancy between the therapeutic resources available at hospitals and the resources that can be provided in the individual home is now being evened out. Since good emotional contacts are a necessary condition for the rehabilitation of retarded children, nursing in the home, with all the loving care that parents can provide, is important, and support for such nursing is now being provided as a measure of social policy.

Physically handicapped children and their education

Certain studies indicate that the number of moderately or severely handicapped children in Sweden approaches 2 per cent, while a corresponding figure for people of working age (sixteen to sixty-six years old) would at any rate exceed 10 per cent. In reality, however, the question is far too complicated for any clear-cut answer of this kind. There are so many different sorts of handicaps — physical, mental and intellectual — each of which demand their particular technical aids, special education and training, and medical or vocational rehabilitation.

Children provide a case in point. If almost 2 per cent of the children are

handicapped, with mental retardation as a primary factor (at least 1 per cent), and hearing, visual, motor and other serious somatic handicaps accounting for most of the balance, it goes without saying that there are many more than this who in fact suffer from ailments requiring special medical and social attention and/or special consideration in school.

In reality over 7 per cent of children aged seven to sixten receive some form of special education; this is given either in special schools or special classes, or in regular classes but with support from special "education clinics" or individually. Since many children receive these services only during part of their primary school period, the total number who will have received some such special or auxiliary education by the age of seventeen is higher than this — and the number in need of such services is certainly greater still.

The number of children with *physical handicaps* attending special schools is small, 0.2 per cent. The figure includes special schools for the deaf, the blind, and for children with severe motor handicaps, as well as special classes for the hard-of-hearing and partially sighted and children who receive the corresponding supporting services. The majority of children with physical ailments, however, attend ordinary classes and receive the same educational service as other children, except that such technical aids and equipment as they may require are provided free of charge. It is a definite policy to adapt general school facilities to the needs of the physically handicapped.

Indeed, the intention is to integrate special education as much as possible in ordinary schools and also, when feasible, to give supporting services from "clinics" to children in ordinary classes rather than placing them in special classes. A start has been made, for instance, in substituting special classes in regular schools for schools for the deaf.

The compulsory comprehensive school for the retarded, as for other groups of severely handicapped children, normally lasts 10 years, as against 9 years for normal children. It is followed by vocational school, which is compulsory for retarded children. In fact, compulsory education for retardates can be extended to the age of twenty-one, and in exceptional cases twenty-three.

In spite of a gradual increase, which has recently accelerated, the number of children in special education for the retarded is still too low. By and large, however, the authorities give top priority to the needs of special education. A very rapid increase in resources is taking place, and the number of special teachers is scheduled to increase to 12 per cent before 1975. Such teachers must have special certificates based on additional specialized studies and training.

Even if preventive child health services in Sweden are relatively good, at

least during the first year of life, a minority of children fail to receive annual health check-ups during the preschool years, when many physical and mental handicaps become apparent. The organizations for the handicapped have asked for a compulsory health check-up of all children at the age of two or three. The authorities have responded with a programme for complete health check-ups on a voluntary basis, of all children at the age of four. (This is described in another chapter of this booklet.)

Free technical aids

The state reimburses the total cost of technical aids for the handicapped dispensed by public and semi-public sponsors of medical care, as enumerated on a special list published by the Board of Public Health and Social Welfare in collaboration with the Institute for the Handicapped.

For further information, the reader is recommended to study the information material available in English from the National Swedish Board of Education: "Special schools for mentally retarded children in Sweden" and "What is special about Special Education".

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Social Rights in Sweden

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